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APPLICANTS

Theo Artmeier, Groebenzell, GERMANY;

** CONTINUING DATA **NONE**
IK

** FOREIGN APPLICATIONS **YES**
 GERMANY 103 02 612.6 01/23/2003
IK

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 2	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 1
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35 USC 119 (a-d) conditions met ☒ yes ☐ no Met after Allowance ☒ **IK**

Verified and Acknowledged
 Examiner's Signature _____ Initials _____

ADDRESS
 20786
 KING & SPALDING LLP
 191 PEACHTREE STREET, N.E.
 ATLANTA, GA
 30303-1763

TITLE
 Urological working place

FILING FEE RECEIVED 956	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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